

## Notice of Action – Change in MSSP Services

Dear: \_\_\_\_\_

This letter provides you with information about a change in the services you have been receiving from the Multipurpose Senior Services Program (MSSP). It is required by Title 22, California Administrative Code, Division 3, Section 50951.

Effective \_\_\_\_\_ **(date)** the \_\_\_\_\_ **(name of service)** will be \_\_\_\_\_ **(discontinued or reduced)**.

This action is being taken because **(select one of the options listed below and insert here as appropriate)**:

- A.  You no longer require this service to remain out of a nursing facility.
- B.  This service is no longer cost-effective.  
(Explain)
- C.  Another resource has been found to provide this service.  
(Explain)
- D.  Other:  
(Explain)

Please call me for further information if you have any questions about this Notice of Action. If I cannot resolve any concerns you may have, you may contact my supervisor, \_\_\_\_\_ **(name of supervisor)** at \_\_\_\_\_ **(supervisor’s phone number)**. If you disagree with this action, you or your authorized representative may request a State Fair Hearing within ninety (90) days from the date of this notice. The instructions for requesting a Hearing are attached.

Sincerely,

\_\_\_\_\_  
Care Manager